

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 700615  
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4		3					
5			1				
6		1					
7			1				
8			1				
9			1				
10		1					
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49							
50							
TOTAL IND.							
TOTAL DEP.	12						
TOTAL CLAIMS	13						

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						